



FAIRFAX COUNTY

DEPARTMENT OF PUBLIC WORKS AND ENVIRONMENTAL SERVICES

*Division of Solid Waste
Disposal and Resource Recovery*
12000 Government Center Parkway, Suite 448
Fairfax, Virginia 22035-0059

V I R G I N I A

Telephone: (703) 324-5230 FAX: (703) 324-3950
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APPLICATION FOR COLLECTION, TRANSPORTATION AND DISPOSAL PERMIT

FISCAL YEAR 2004

The undersigned hereby makes application for a permit to engage in the business of collection, transportation and disposal of solid waste in Fairfax County.

The Applicant agrees that all solid waste collection and disposal operations shall be conducted in accordance with the rules and regulations set forth in the Code of County of Fairfax, Chapter 109, Solid Waste, as adopted by the Fairfax County Board of Supervisors. The disposal sites designated by Chapter 109 are the I-66 Transfer Station, the I-95 Landfill, and the I-95 Energy/Resource Recovery Facility.

The Applicant agrees to pay all disposal charges resulting from the use of Fairfax County operated or associated disposal sites. Estimated gross weights may be used if the scale malfunctions.

Applicant agrees to abide by the rules and regulations of the designated disposal facilities.

Applicant agrees that all solid waste collection vehicles are to be parked in the appropriate zoning category location and that the company is in compliance with all Fairfax County, State and Federal ordinances.

APPLICANT AGREES THAT ALL INFECTIOUS, EXPLOSIVE, POISONOUS, CAUSTIC, TOXIC, CHEMICAL AND HAZARDOUS WASTE ARE PROHIBITED FROM THE I-66 TRANSFER STATION, I-95 SANITARY LANDFILL AND I-95 ENERGY/RESOURCE RECOVERY FACILITY.

Applicant's Signature affirms his/her acceptance of these requirements and confirms he/she is an authorized representative of the business:

Signature

Date: _____

Type or Print Name

1. Name of Business: _____
2. Type: (single property, partnership, corp., etc.): _____
3. Name of Parent Company (if applicable): _____
4. Owner(s) or Principal Official(s) Representing Local Activities (authorized representative of business). Please type or print.

5. Business Address: _____

6. Business or ID Number: _____
7. Billing Address: _____

8. Business Telephone Number: _____ Fax #: _____
E-mail Address: _____
9. Business office staffed during normal business hours with authorized agent of applicant?

☐ Yes or ☐ No

10. Rates and Charges for Single Family Residential:

Type of Service (Complete Services Offered)	Curb Once/Wk	Curb Twice/Wk	Backdoor Once/Wk	Backdoor Twice/Wk
Rates to be charged:				
Monthly/Minimum:	\$	\$	\$	\$
Monthly Maximum:	\$	\$	\$	\$
Usual – Common Rate Charged for Service:	\$	\$	\$	\$
Rates to be Charged:				
Quarterly:	\$	\$	\$	\$
*Rate charged for Special Collection:	\$	\$	\$	\$

*Describe Special Collection Program:

11. In lieu of a list of streets served by your company, please list all zip codes served within Fairfax County. (Use the enclosed map as a reference.)

12. Name, Address, Phone Number of Insurance Agency or Bonding Agency who executed your Solid Waste Collection, Transportation and Disposal Bond:

Name of Agency:

Address of Agency:

Phone Number of Agency:

13. Bond Amount: \$

14. Name and Address of Liability Insurance Company:

Phone Number of Agency:

Policy Number:

15. If company has only one truck, list name and telephone number of another company permitted in Fairfax that will act in a back-up capacity:

Name:

Phone Number:

16. Previous solid waste collection experience (if company or operation is less than one year in business):

Where:

When:

17. Name and address of collection vehicle washing facility where applicant will have collection vehicle washed:

Name:

Address:

18. List street address of collection vehicle parking location. If collection vehicles are parked in more than one area, list each collection vehicle parking location:

19. Attach a statement of service that will be furnished to all residential customers (to include name, address, phone number, any company rules, company policy concerning collection on legal holidays and snow days.)

Permit Office Use:

Comments/Other Information:
